A JOHN SUNY

MISSISSIPPI STATE DEPARTMENT OF HEALTH 2815 JUN -9 AMIL: 08 BUREAU OF PUBLIC WATER SUPPLY CCR CERTIFICATION CALENDAR YEAR 2014 Public Water Supply Name List PWS ID #s for all Community Water Systems included in this CCR The Federal Safe Drinking Water Act (SDWA) requires each Community public water system to develop and distribute a Consumer Confidence Report (CCR) to its customers each year. Depending on the population served by the public water system, this CCR must be mailed or delivered to the customers, published in a newspaper of local circulation, or provided to the customers upon request. Make sure you follow the proper procedures when distributing the CCR. You must mail, fax or email a copy of the CCR and Certification to MSDH. Please check all boxes that apply. Customers were informed of availability of CCR by: (Attach copy of publication, water bill or other) ☐ Advertisement in local paper (attach copy of advertisement) ☐ On water bills (attach copy of bill) ☐ Email message (MUST Émail the message to the address below) ☐ Other Date(s) customers were informed: ___/______/ _____/ CCR was distributed by U.S. Postal Service or other direct delivery. Must specify other direct delivery methods used USPS Date Mailed/Distributed: 5 /28/2015 CCR was distributed by Email (MUST Email MSDH a copy) Date Emailed: / / ☐ As an attachment ☐ As text within the body of the email message CCR was published in local newspaper. (Attach copy of published CCR or proof of publication) Name of Newspaper: Date Published: __ / / CCR was posted in public places. (Attach list of locations) Date Posted: / / CCR was posted on a publicly accessible internet site at the following address (**DIRECT URL REQUIRED**): **CERTIFICATION** I hereby certify that the 2014 Consumer Confidence Report (CCR) has been distributed to the customers of this public water system in the form and manner identified above and that I used distribution methods allowed by the SDWA. I further certify that the information included in this CCR is true and correct and is consistent with the water quality monitoring data provided to the public water system officials by the Mississippi State Department of Health, Bureau of Public Water Supply. Nome/Title (President, Mayor, Owner, etc.)

Deliver or send via U.S. Postal Service: Bureau of Public Water Supply P.O. Box 1700 Jackson, MS 39215

May be faxed to: (601)576-7800

May be emailed to: water.reports@msdh.ms.gov

PS Form 3602-R - Standard Mail - Permit Imprint



Postage Summary

Account Holder:		NEEL-SCHAFFER 5740 GETWELL RD BLDG 2 SOUTHAVEN, MS 38672 -7361		Mailing Agent:		MEMPHIS DATA & DIRECT MAIL LLC 4222 PILOT DR MEMPHIS, TN 38118 -6932					NEEL SCHAFFER 5740 GETWELL RD BLDG 2 SOUTHAVEN, MS 38672 -7361			
		Contact: JANA LL (662) 890 - 6404	INSFORD											
Account Number:		1399710												
Permit:		Permit Imprint 380 Price Eligibility: Regular								Processi Category:		Letters		***************************************
		CRID: 6926094				CRID: 2445259					CRID: 6926094			
Post Office Of Mailing:		MEMPHIS TN 38101-9651		Mailer's Mailing Date:		05/22/2015			Weight of Single Piece:		0.0219 lbs.			
Post Office o	of Permit:	MEMPHIS TN 38	101-9651			<u></u>				1 10001				
Total Pieces:		5,158 pcs. 🗸		Total Weight:		112.9602 lbs.			Total Postage:		\$ 1,116.79			
Sequencing Date:				Address Matching Date - Automation:		05/22/2015			Address Matching Carrier Ro	ss ing Date - 05/22/201				
No of Containers:		1' MM Trays	2' MM Trays	2' EMM T		rays .	Flat Trays	ays Sacks			Pallets	ets		ər
		6	19											
Move Update	Method:	NCOALink		NSA:		NO					***************************************			
Political Mail:						<u></u>	lection Mail:					***************************************		
	is a product sa	mple: NO					ces conta	ain a DVD)/CD or	other D	isk: N	10		
	count Claimed: NO					Type of Fe			~					
Comments:	Pate and Time: 05/28/2	2015 14:30 😿		Paym	ent Date a	nd Time: 0	5/28/2015 14	:30						
Container Gr	ouping ID:	<u> </u>			····									
	iling Type:											***************************************		
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Part A: Autor Line	mation Letters	·						Subtota	al		Disco	s inf		
Number	Entry Discount	Title	Descrip	•		rice	Quantity	Postage		Discount	Tota		e Total	Postage
A4	NONE	Mixed AADC	ibs) or less		301	13pcs.	\$ 3.913	0 \$0	0.0130	\$ -0.0	130 \$ 0	.0000	\$ 3.9000	
A9	DSCF	5-Digit	lbs) or le	ibs) or less		217	5077pcs.	\$ 1,101.70	90 \$5	5.0770	\$ -5.0	770 \$ 0	.0000	\$ 1,096.6320
A11	DSCF	AADC		ers 3.3 oz (0.2063 lbs) or less		235	39pcs.	\$ 9.165	0 \$(0.0390	\$ -0.00	390 \$ 0	.0000	\$ 9.1260
A23		DISPLAY ONLY	•					P	art A Tol	al (Add lin	nes A1-	-A22)		\$ 1,109.6580
A24		Letters - Number of Pieces that	Full Service I Mail Op		ent 0.	001	5129pcs.							

Machinable Letters 3.3 0.246 29pcs. \$ 7.1340 \$ 0.0000 oz (0.2063 lbs) or less B28

Description

\$ 0.0000 Part B Total (Add lines B1-B27) \$ 7.1340 Total Full Service Discount From All Parts \$ -5.1290

Discount

Total

FS Discount

Price

Total Postage From All Parts \$ 1,116.7920 Total From Attached Form 3540-S N/A

> **Total Postage** \$1,116.79

Fee Total

\$ 0.0000

Postage

\$ 7.1340

Total Incentive/Discount Claimed \$ - 5.1290

Quantity

Subtotal

Postage

Comply

Title

AADC

USPS Use Only

Part B: Nonautomation Letters

For Extra Services and Other Fees

Entry Discount

DSCF

Line

Number

В5

Perform Verification:	Verification data not available at this time,							
One Pass/Two Pass Verification								
Received:		Error Percentage:	Additional Postage:	\$ 0.00				
A/R/C:		Cost Avoidance:	Verifying Employee's Name:					
Total Additional Postage:	\$ 0.00	Number of Reworked Pieces:						

^{*} May contain both Full Service Intelligent Mail and other discount - see Instructions page for additional information.